

ACTION SCS, LLC

March 5, 2014

Effective on the date of this letter, when applying for work with Action SCS, LLC, in addition to completing the application per instructions for Driver Application, you will need a copy of your long form physical, medical card and, your CSA score.

You can obtain your CSA score (cost of \$10.00) by going to the following website:
<http://www.psp.fmcsa.dot.gov/Pages/default.aspx>

If you would like Action SCS to obtain the copy of your CSA scores for you and deduct the \$10.00 fee from your first settlement please sign below:

I, _____ authorize Action SCS to request my CSA Report/PSP via the above website and to deduct the \$10.00 fee for this report from my first settlement pay.

Signature

Date

When completing your address, you must show 3 years' worth of residence.

When completing Employment Record, you must provide complete employment history for the past 3 years, in addition to **ALL** CDL required employment for 7 years proceeding, for a total of 10 years.

For Owner Operators: You will need to provide proof of physical damage, bobtail, Workers Compensation insurance, completed contractor lease agreement for equipment and provide own base plate. You will also need to provide copies of cab card and/or registration, annual inspection and repairs.

In addition, when completing your W-9 fill out either Social Security # **OR** Federal ID #, whichever is used on your taxes for trucking income.

****Application's submitted incomplete or missing the above documentation will not be processed****

Thank you,
Action SCS, LLC

Instructions for Driver Application

Pg. # Instructions

Note All areas must be completed. If section doesn't apply then mark as "None"

- 1. MVF& Authorization Form**
Complete all information
- 2. Applicant Information** - Complete all information
- 3. Tickets, Accidents & Employment Record** - Complete all information
Show an employment record for the last 3 years & 7 additional driving (if applicable)
Make sure to mark yes or no on questions below for each previous employer
- 4. Supplemental Employment** - Extra page if needed for past employment
- 5. Declaration of employment Status**
To be used to explain gaps in employment (if applicable)
Read, Sign & Date Bottom
- 6. Fair Credit Reporting Act** - Sign, Date, Print Name & SS #
- 7. Alcohol & Controlled Substance Release** - Answer Questions
Sign, Date, Print Name & Social Security #
- 8. Certification of Compliance** - Complete all information
- 9. Certification of Violations-** Note all violations for last 12 months, if none mark as such.
Fill in license info, & Sign. Carrier will complete the rest
- 10. Safety Performance History Records Request** - Section 1 & 2
Sign & Date Only in section 1. Carrier will complete #1 & send to previous employers
- 11. Safety Performance History Records Request** - Section 3 & 4
#3 will be completed by previous employer, #4 will be completed by carrier
- 12. Hour of Service Record**
Complete all information, this form to be filled in day starting job
- 13. Brake Inspector Certification or Road Test**
Check lines that apply, sign & date

PERMISSION TO OBTAIN MOTOR VEHICLE RECORD

I, _____, grant permission to THE MITCHELL
AGENCY, INC. to acquire a Motor Vehicle Record of my driving history for use in
insurance review.

Driver's License No. _____

Date of Birth: _____

Signed _____

Date _____

APPLICATION FOR EMPLOYMENT

Name:			
	(First)	(Middle)	(Last)
Current Address:			
	(Street)	(City)	(State, Zip)
Previous Address(es)			
	(Street)	(City)	(State, Zip)
			How long?
Phone No.	Date of Birth:	Social Security #	
Emergency Contact Name:		Relation:	
Contact Address:		Phone No.	
E-mail Address		Referred by	

DRIVER'S LICENSE INFORMATION

State	License #	Type	Expiration Date

DRIVER EXPERIENCE

Type of Equipment	From (Date)	To (Date)	Approx. # Miles

Have you ever <i>been</i> denied a license, permit or privilege to operate a motor vehicle?	Yes No
Has any license, permit or privilege ever been suspended or revoked?	Yes No
If you answered yes to either of the above 2 questions, attach a statement of explanation	

TICKETS /ACCIDENTS / ETC

	Date	Description	# of Injuries /Fatalities
Accident	_____	_____	_____
Record for	_____	_____	_____
Past 3 Yrs.	_____	_____	_____

	Location	Date	Charge	Penalty
Traffic	_____	_____	_____	_____
Conviction	_____	_____	_____	_____
& Forfeitures	_____	_____	_____	_____
for Past 3 Yrs.	_____	_____	_____	_____

EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown

Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone :(____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
<small>Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone :(____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
<small>Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>		
Employer: _____	Employed From: _____	To: _____
Address: _____		
Phone :(____) _____	Supervisor: _____	
Position: _____	Reason for Leaving: _____	
<small>Were you subject to the FMCSRs while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No</small>		

SUPPLEMENTAL EMPLOYMENT RECORD

Note: DOT requires employment for 3 years previous and/or commercial driving experience for past 10 years be shown

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone : (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone : (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone : (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone : (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

Employer: _____ Employed From: _____ To: _____

Address: _____

Phone : (____) _____ Supervisor: _____

Position: _____ Reason for Leaving: _____

Were you subject to the FMCSRs while employed? Yes No

Was your job designated as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? Yes No

DECLARATION OF EMPLOYMENT STATUS

I understand that I must provide my complete employment history for the past 3 years, and all CDL required employment for the 7 years preceding that. Any gaps in employment longer than 1 month are explained as follows:

From: _____ **To:** _____

During this time, I was engaged in the following activity:

In addition:

_____ **I was not employed by any company or individual**

_____ **I was not convicted of any criminal act involving the use of a commercial motor vehicle or while driving a commercial motor vehicle**

To Be Read and Signed By Applicant

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history, and other related matters as may be necessary in arriving at an employment decision. (General inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

- Review information provided by the previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604 (b) (2) (A) of the Fair Credit Reporting Act Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208) you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained for employment purposes. These reports are required by Sections 382.413 and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

**ALCOHOL AND CONTROLLED SUBSTANCE
CONSENT AND RELEASE**

Have you ever refused to be tested for drugs & alcohol at any time in the last 2 years?	Yes No
Have you ever tested positive for drugs or alcohol at any time in the last 2 years?	Yes No
Have you ever tested positive on any pre-employment drug or alcohol test for a job in which you applied for, but did not obtain?	Yes No
If you answered yes to any of the above questions, attach a statement of explanation and provide proof of return to duty process.	

I understand that, as required by the Federal Motor Carrier Safety Regulations and company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance to and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

Applicant's Signature

Date

Print Name

Social Security Number

Employer Witness

Company Name

**CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE
REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS- The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that requires placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you, as a driver, must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements.

The following license is the only one I will possess:

Driver's License #: _____ State: _____ Exp. Date: _____

Driver's Signature: _____ Date: _____

Notes: _____

CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall, at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which the driver has been convicted, or on account of which he has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Drivers who have provided information required by Section 383.31 need not repeat that information.

DRIVER REQUIREMENTS: Each driver shall furnish the list, as required by the motor carrier above, if the driver has not been convicted of or forfeited bond or collateral on account of any violation which must be listed, he shall so certify. (Section 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Driver's license #: _____ State: _____ Exp. Date: _____

Date of Certification _____ Driver's Signature _____

Motor Carrier's Name _____ Motor Carrier's Address _____

Reviewed By: Signature _____ Title _____

SAFETY PERFORMANCE HISTORY RECORDS BEQUEST

Section 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I (Print Name) _____
First, M.I., Last Social Security Number Date of Birth

Previous Employer _____ Herby Authorize: Telephone: _____
Street _____ Fax No.: _____
City, State, Zip: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substance testing records
Within the previous 3 years from _____
(Date of employment application)

Prospective Employer: Action SCS
Street 3898 E Independence Rd
City, State, Zip: Attica, IN 47918
Phone: 765-838-8378
Fax: 765-838-8658

In compliance with 40.25(g) and 391.23(h), release of this information must be in a written form that ensures confidentiality, such as fax, letter, or email.

Applicant's Signature

Date

Section 2: To be Completed by Previous Employer Accident History

The applicant named above was employed by us. Yes No
Employed from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor Trailer
 Other (Specify) _____

2. Reason for leaving your employ: Discharged Resignation Lay off Military Duty

If there is no safety performance history to report, check here , sign below & return.

ACCIDENTS: Complete the following for any accidents included on your accident register (S390. 15(b) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies, insurer or retained internal company policies: _____

Signature: _____ Title _____ Date: _____

**Section 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY**

If driver was not subject to DOT testing requirements while employed by this employer, please check here , fill in the dates of employment from (m/y) _____ to (m/y) _____, complete bottom of Section 3, sign, and return.
Driver was subject to DOT testing requirements from (m/y) _____ to (m/y) _____.

1. Has this person had an alcohol test with a result of 0.04 or higher? Yes No
2. Has this person tested positive, adulterated or substituted a test specimen for controlled substances? Yes No
3. Has this person refused to submit to a post-accident random, reasonable suspicion, or follow up controlled substance test? Yes No
4. Has this person committed other violations of Subpart B of Part 382 or Part 40? Yes No
5. If this person has violated a DOT drug & alcohol regulation, did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation of this form Yes No
6. For a driver who successfully completed a SAPs rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? Yes No

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.

Name _____ Telephone: _____

Company: _____

Street _____ City: _____ State: _____ Zip: _____

Section 3 completed by (Signature) _____ Date: _____

Section 4 TO BE COMPLETED BY [Company]

1st Attempt

This form was (check one) Phone Faxed Mailed Other

By: _____ Date: _____

2nd Attempt

This form was (check one) Phone Faxed Mailed Other _____

By: _____ Date: _____

3rd Attempt

This form was (check one) Phone Faxed Mailed Other _____

By: _____ Date: _____

Information was received by: Phone Faxed Mailed Other _____

Date received: _____

HOURS OF SERVICE *RECORD*
FOR FIRST-TIME OR INTERMITTENT DRIVERS

Name: _____ s.s. # _____

Day	Total Time on Duty
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
Total	_____

I hereby certify that the information contained hereon is true to the best of my knowledge and belief, and that my last period of release from duty was:

From: _____ To: _____

Signature: _____ Date: _____

*This form is to be completed on the day before or day of driver's first dispatch.

BRAKE INSPECTOR'S CERTIFICATION

I hereby certify I am a qualified Brake Inspector by the following criteria set forth under 396.25.

- I understand the brake service or inspection task to be accomplished and can perform that task; and..
- I am knowledgeable of and have mastered the methods, procedures, tools and equipment used when performing an assigned brake service or inspection task; and...
- I have successfully completed an apprenticeship program sponsored by a state, Canadian province, Federal agency or Labor Union, or a training program approved by a state or Canadian province which qualifies me to perform the assigned brake service of inspection task (including passage of Commercial Driver's License air brake tests in the case of a brake inspection. Or...
- I have brake related training or experience or a combination thereof totaling at least one year. The training consists of:
 - Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection task, or...
 - I have experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company or similar facility.

Signature of Brake Inspector _____ Date _____

I, _____, understand, under FMCSR 396.25, that no carrier shall
(Carrier official)

employ any person as a brake inspector unless evidence of the inspector's qualifications, required under this section, is maintained by the motor carrier's principal place of business, or at the location at which the brake inspector is employed. The evidence must be maintained for the period during which the brake inspector is employed in the capacity and for one year thereafter. However, motor carriers do not have to maintain evidence of qualifications to inspect air brake systems for such inspections performed by persons who have passed the air brake knowledge and skills test for a commercial driver's license.

Motor Carrier Name: _____ Date: _____

Carrier Official: _____ Title: _____

**CERTIFICATE OF RECEIPT
ALCOHOL & CONTROLLED SUBSTANCES POLICY**

I, _____ hereby certify that I have received a copy of Action SCS, LLC's Alcohol & controlled Substance Abuse Policy and educational materials about alcohol & substance abuse. All Information required by FMCSR 382.601 is included in this material.

Driver Name: (Print) _____

(Sign) _____

(Date) _____

Witness: (Print) _____

(Sign) _____

(Date) _____

Action SCS, LLC

Cell Phone Policy

It is Action SCS, LLC's policy to fully adopt and support federal regulations that prohibit the use of cell phones while operating a CMV.

Drivers who violate the new ban will face federal civil penalties of up to \$2,750 for each offense and disqualification for multiple offenses. **This includes CDL and Non-CDL drivers.** Violating a state law on hand-held cell phone use is considered a "serious traffic violation" under the new rule, and a second conviction of any serious traffic violation in 3 years will result in disqualification for 60 days, or 120 days after three convictions (See CFR 49 part 383.51 and 391.15).

Companies that allow their drivers to violate the ban face penalties of up to \$11,000 for each violation.

We remind you that there is already a federal regulation CFR 49 part 392.80 in place that prohibits texting while driving for CMV operators.

This new final ruling which will be adopted into the federal regulations as CFR 49 392.82 will further prohibit the use of a cell phone by not allowing you to use the cell phone unless you are in an emergency situation or you have your CMV pulled over and in a parked position.

We encourage you to read the new regulation and the frequently asked questions that we have provided you and direct all questions to our safety department.

Please immediately cease all use of cell phones while operating a CMV as Action SCS, LLC. strictly prohibits its use while on duty in a safety sensitive function.

I understand that Action SCS, LLC's policy strictly prohibits the use of a cell phone while operating a CMV.

I understand that failure to comply with Action SCS, LLC's policy can lead to disciplinary action, including termination.

Driver's Signature: _____ Date: _____

Name Printed: _____

Company Signature: _____ Date: _____

Name Printed: _____

Frequently Asked Questions (FAQ) - Ban on Hand Held Cellular Phones

1. Q: What is the effective date of the Mobile Telephone rule?

A: The effective date of the rule is January 3, 2012.

2. Q: Are wired or wireless earpieces allowed?

A: Yes. Hands-free use of a mobile telephone is allowed using either a wired or wireless earpiece, or the speakerphone function of the mobile telephone. Wireless connection of the mobile telephone to the vehicle for hands-free operation of the telephone, which would allow the use of single-button controls on the steering wheel or dashboard, would also be allowed.

3. Q: Are commercial motor vehicle (CMV) drivers allowed to use push-to-talk mobile communications equipment while driving?

A: Yes, provided the driver does not reach for, dial, or hold the actual mobile telephone in his/her hand while driving and the driver is able to touch the button needed to operate the push-to-talk feature from the normal seated position with the safety belt fastened. Generally, the use of this type of communication equipment does not require driver to take their eyes off of the roadway because the button used to enable the driver to communicate can be operated from the normal seated position with the safety belt fastened. For example, if the mobile phone is mounted in a cradle or similar device near the driver, or there is a remote push-to-talk button near the vehicle controls to allow the driver to communicate without reaching for, dialing, or holding the actual mobile telephone in his/her hands while driving, the equipment may be used.

4. Q: Are holders of a commercial driver's license (CDL) subject to the regulation only when driving a CMV, as defined in 49 CFR 383.5, or any vehicle?

A: CDL holders are subject to the Federal rule only when driving a CMV.

5. Q: What drivers are covered by the Federal rule: intrastate or interstate? CDL holders? All CMVs?

A: This Federal rule covers both, drivers of CMVs in interstate commerce, and also any drivers who operate a vehicle transporting a quantity of hazardous materials requiring placarding under 49 CFR Part 172 or any quantity of a material listed as a select agent or toxin in 42 CFR part 73.

If a CMV driver is employed by a State or a political subdivision of a State (e.g. county, city, township, etc.), FMCSA safety regulations do not apply, even if the driver is engaged in interstate transportation. But if a CMV driver employed by a State or a political subdivision of a State is operating a vehicle that requires a CDL, the applicable State traffic laws would govern (e.g., Maryland's prohibition on the use of hand-held phones). The States have 3 years to implement by State law the disqualification provision.

6. Q: What is required of the employer in terms of company policy or training?

A: The rule does not require motor carriers to establish written policies in terms of company policy or training programs for their drivers. However, employers are prohibited from allowing or requiring their drivers to use hand-held mobile phones. A motor carrier may establish policies or practices that make it clear that the employer does not require or allow hand-held mobile telephone use while driving a CMV in interstate commerce. The carrier is responsible for its drivers' conduct.

7. Q: Is dialing a phone number allowed under this rule?

A No. Dialing a mobile telephone while operating a CMV in interstate commerce is prohibited by the rule. A driver can initiate, answer, or terminate a call by touching a single button on a mobile telephone, earpiece, steering wheel, or instrument panel - comparable to using vehicle controls or instrument panel functions, such as the radio or climate control system.

8. Q: Can a driver reach for a mobile telephone even if he/she intends to use the hands-free function?

A. No. In order to comply with this rule, a driver must have his or her mobile telephone located where the driver is able to initiate, answer, or terminate a call by touching a single button while the driver is in the seated driving position and properly restrained by a seat belt. If the mobile telephone is not close to the driver and operable while the driver is restrained by properly installed and adjusted seat belts, then the driver is considered to be reaching for the mobile phone, which is prohibited by the rule.

9 Q: Are tow trucks exempt?

A: No. The interstate operations of tow trucks that meet the definition of a CMV are not exempt. Tow trucks, however, are exempt when responding to police emergencies in accordance with 49CFR 390.23(a)(3).

Action SCS LL.0
3898 E Independence Rd.
Attica, IN 47918
February 18, 2013

Violation Policy

According to our records, the SMS/CSA review regarding Hours of Service and Fatigued Driving is well above the threshold for any new and existing customers, Along with the above mentioned, Equipment Maintenance is above the threshold for customers. It is now a point to take certain action towards the betterment of our scores.

Below is a list of necessary actions when a roadside inspection occurs and there are either violations or none.

1. Any level TWO roadside inspection with No Violations, a \$100.00 bonus will be provided to the driver.
2. Any level ONE roadside inspection with No Violations, a \$200.00 bonus will be provided to the driver.
3. Any occurrences where there is a NON OOS equipment violation that can be prevented by a Pre-Trip Inspection of equipment, there will be a \$50.00 charge back to driver.
4. Any occurrences where there is an OOS violation that can be prevented by a Pre-Trip Inspection of equipment, there will be a \$100.00 charge back to driver,
5. Any occurrences where there is a NON OOS log violation, there will be a \$50.00 charge back to driver.
6. Any occurrences where there is an OOS log violation, there will be a \$100.00 charge back to driver.

All of the above charge backs will be listed as write ups in your respective driver file. After three (3) write ups, the driver will be terminated.

Furthermore, this is considered a warning and at this time write ups will occur on first violation from **this** point forward!

Driver's Signature: _____ Date: _____